

COMBINED DECLARATION AND POWER OF  
ATTORNEY

ATTORNEY DOCKET #: C-2952

I declare: that my residence and citizenship are as stated below next to my name; that I believe I am the original, first, and sole inventor (if only I am named below) or joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought in the specification entitled:



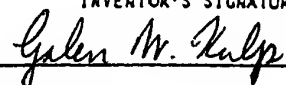
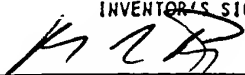
HYDROGEN PASSIVATION SHUT DOWN SYSTEM FOR A FUEL CELL POWER PLANT  
the specification of which is attached hereto,  
Filed as U.S. Application Serial No.

that I have reviewed and understand the contents of the above-identified specification, including the claims; that I acknowledge the duty to disclose the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 C.F.R. §1.56; that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

I appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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<del>RESIDENCE AND POST OFFICE ADDRESS</del>		<del>CITIZENSHIP</del>
<del>FULL NAME OF EIGHTH JOINT INVENTOR (IF ANY)</del>	<del>INVENTOR'S SIGNATURE</del>	<del>DATE</del>
<del>RESIDENCE AND POST OFFICE ADDRESS</del>		<del>CITIZENSHIP</del>
<del>FULL NAME OF NINTH JOINT INVENTOR (IF ANY)</del>	<del>INVENTOR'S SIGNATURE</del>	<del>DATE</del>
<del>RESIDENCE AND POST OFFICE ADDRESS</del>		<del>CITIZENSHIP</del>
<del>FULL NAME OF TENTH JOINT INVENTOR (IF ANY)</del>	<del>INVENTOR'S SIGNATURE</del>	<del>DATE</del>
<del>RESIDENCE AND POST OFFICE ADDRESS</del>		<del>CITIZENSHIP</del>